Image# 12971226660 PAGE 1 / 42

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	-or Other Than An A	uthorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	type 12FE4M5	
American Academy of	Family Physicians	Political Action Cor	nmittee	
ADDRESS (number and street)	2021 Massachusetts Ave	enue, NW		
Check if different				
than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	STATE A	ZIP CODE ▲
C C00411553	3.	IS THIS REPORT X (N)		IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4) Jul	20 (M7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report (C	(C) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
Quarterly Report (C	Report for the	: Convention (12	C) Special (12S)
Quarterly Report (C	Flo	ction on) D / Y I Y I Y I Y	in the
Year-End Report (Y July 31 Mid-Year Report (Non-electio	(d) 30-Day			
Year Only) (MY)	POST-Election Report for the	` ′	Runoff (3	Special (30S)
Termination Report (TER)	Ele	ction on)	in the State of
5. Covering Period 04		2 through	04 30	2012
I certify that I have examined th	is Report and to the best	of my knowledge and be	ief it is true, correct and	d complete.
Type or Print Name of Treasure	r Randell K. Wexler, MD			
Signature of Treasurer Rand	ell K. Wexler, MD	[Electronically F	iled] Date 05	/ D D / Y Y Y Y Y Y 17 17 2012
NOTE: Submission of false, errone	eous, or incomplete informa	ation may subject the person	n signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 04 01 2012 To: 04 30 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		337366.19
	(b) Cash on Hand at Beginning of Reporting Period	362709.34	
	(c) Total Receipts (from Line 19)	43443.46	168111.11
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	406152.80	505477.30
7.	Total Disbursements (from Line 31)	28854.85	128179.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	377297.95	377297.95
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

than loans) From: sons Other Committees se Schedule A) d (i) and (ii) Committees Committees cons (add Lines nd (c)) (Carry 33, page 5)	31907.63 10771.06 42678.69 0.00 0.00 42678.69 0.00 0.00	129466.39 36303.49 165769.88 0.00 0.00 0.00 0.00
Committees se Schedule A)	10771.06 42678.69 0.00 0.00 42678.69 0.00 0.00	36303.49 165769.88 0.00 165769.88 0.00
se Schedule A)	10771.06 42678.69 0.00 0.00 42678.69 0.00 0.00	36303.49 165769.88 0.00 165769.88 0.00
d (i) and (ii)	10771.06 42678.69 0.00 0.00 42678.69 0.00 0.00	36303.49 165769.88 0.00 165769.88 0.00
d (i) and (ii)	42678.69 0.00 0.00 42678.69 0.00 0.00	165769.88 0.00 0.00 165769.88 0.00
Committees	0.00 0.00 42678.69 0.00 0.00	0.00 0.00 165769.88 0.00
Committees	0.00 0.00 42678.69 0.00 0.00	0.00 0.00 165769.88 0.00
Committees i)	0.00 42678.69 0.00 0.00	0.00 165769.88 0.00
income (add Lines and (c)) (Carry and (c)) (Ca	42678.69 0.00 0.00	0.00
ons (add Lines nd (c)) (Carry 33, page 5) liated/Other Received g Expenditures etc.) e 37, page 5)	42678.69 0.00 0.00	0.00
nd (c)) (Carry 33, page 5) liated/Other Received g Expenditures etc.) e 37, page 5)	0.00	0.00
Received	0.00	0.00
Receivedg Expenditures etc.) e 37, page 5)	0.00	0.00
Receivedg Expenditures etc.) e 37, page 5)	0.00	0.00
Received g Expenditures etc.) e 37, page 5)	0.00	0.00
Receivedg Expenditures etc.) e 37, page 5)	0.00	
Receivedg Expenditures etc.) e 37, page 5)		
g Expenditures etc.) e 37, page 5)		0.00
g Expenditures etc.) e 37, page 5)		
etc.) e 37, page 5)	764.77	
e 37, page 5)	764.77	
		2341.23
ALIONS IVIAUC	7 7 7	7
tes and Other		
S	0.00	0.00
eipts	7	7 7
, etc.)	0.00	0.00
	7	7
e H3)	0.00	0.00
om Schedule H5)	0.00	0.00
20.1000.0 110/		
(add 18(a) and 18(b))	0.00	0.00
	-Federal and Levin Funds count e H3)	-Federal and Levin Funds count 9 H3)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal		Calcillati Teat-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(") N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	854.85	2599.35
(c) Total Operating Expenditures	300	2000.00
(add 21(a)(i), (a)(ii), and (b))▶	854.85	2599.35
. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	07000 00	
and Other Political Committees	27000.00	124000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	7	7
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(ass seriodale i)		
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other		4500.00
Than Political Committees	1000.00	1580.00
(h) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(000) 00 17(00)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	1000.00	1580.00
Other Disbursements	0.00	0.00
Fodoval Floation Astinity (0.11.C.C. \$401(00))		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(/		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28854.85	128179.35
	20034.03	1201/9.30
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	28854.85	128179.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	42678.69	165769.88
4. Total Contribution Refunds (from Line 28(d))	1000.00	1580.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41678.69	164189.88
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	854.85	2599.35
7. Offsets to Operating Expenditures (from Line 15, page 3)	764.77	2341.23
8. Net Operating Expenditures (subtract Line 37 from Line 36)	90.08	258.12

Use separate schedule(s) for each category of the Detailed Summary Page

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ı		13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Angela M Albrecht MD		Date of Receipt
Mailing Address 2628 Nw 182Nd St		04 10 2012
City	State Zip Code	Transaction ID : C1630674
Edmond	OK 73012-0690	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
USAF	President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogato Tour to Bate V	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. Wayne J Altman MD		Date of Receipt
Mailing Address 10 Coyne Dr		M = M / D = D / Y = Y = Y
5 10 CO)c 2.		04 10 2012
City	State Zip Code	Transaction ID : C1630690
Woburn	MA 01801-1946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Family Practice Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-bate V	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Cindy Lee Behrens MD		Date of Receipt
Mailing Address 2121 Windermere Cir		04 18 _ 2012 _
City	State Zip Code	Transaction ID : C1642369
Pensacola	FL 32503-5872	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Sacred Heart Urgent Care	Physician	
Receipt For:	T	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).		1095.00
TOTAL This Period (last page this line numb	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Physicians Political Action Committ	
Full Name (Last, First, Middle Initial) Jeremy H Beireis MD		Date of Receipt
Mailing Address 2410 Sunrise Ridge Cir Apt 210		04
City Brookings	State Zip Code SD 57006-2479	Transaction ID : C1638958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Azera Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Mailing Address 4407 Leedy Rd		Date of Receipt
201 Cassel Dr City	State Zip Code TN 37664-2117	04 10 2012 Transaction ID : C1630680
Kingsport FEC ID number of contributing federal political committee.	TN 37664-2117	Amount of Each Receipt this Period
Name of Employer Quillen College of Medicine	Occupation Professor, Family Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ellen Sandra Brull MD		Date of Receipt
Mailing Address 830 Arbor Ln		04 09 2012
City Glenview	State Zip Code IL 60025-3234	Transaction ID : C1626050 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.40
Name of Employer Family Medicine Associates of Lutheran Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 332.80	
SUBTOTAL of Receipts This Page (optional).	•	433.40
TOTAL This Period (last page this line number	er only)	

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	R LINE			PAGE	:	8	OF	42
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Lee Marvin Carter MD Date of Receipt Mailing Address PO BOX 506 04 2012 28 City Zip Code State Transaction ID: C1648125 TN Huntingdon 38344-0506 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maheswari Chinimilli MD Date of Receipt Mailing Address 201 Rabern Ct Apt 2512 04 2012 26 City State Zip Code Transaction ID: C1645963 TX **Belton** 76513-1965 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Scott Xwhite Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) Yushu Jack Chou MD Date of Receipt Mailing Address 2691 E California Blvd 17 2012 04 City State Zip Code Transaction ID: C1639020 CA San Marino 91108-1404 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Southern California Permanente Medical Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 965.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the **Detailed Summary Page**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Christopher Bice Clemow MD Date of Receipt Mailing Address 324 Addis Cir 04 2012 City Zip Code State Transaction ID: C1639032 SC 29626-5702 Anderson Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation AN Med Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janis Strickland Coffin DO Date of Receipt Mailing Address 1552 River Island Pkwy 17 2012 04 City State Zip Code Transaction ID: C1638960 GA 30809-4303 **Evans** Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) Full Name (Last, First, Middle Initial) William Joseph Conforti MD Date of Receipt Mailing Address 236 Lakewood Rd 2012 04 18 City State Zip Code Transaction ID: C1642383 PΑ Greensburg 15601-9750 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

365.00

980.00

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
-	ly Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Steven A Crawford MD		Date of Receipt
Mailing Address 900 Ne 10Th St		04 16 2012
City	State Zip Code	Transaction ID : C1648177
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.34
Name of Employer	Occupation	_
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.36	
Full Name (Last, First, Middle Initial) Manuel O Crespo DO	ı	Date of Receipt
Mailing Address 14575 S Bryant Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	04 17 2012
Edmond	OK 73034-8139	Transaction ID : C1639027
	733073.50	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Integris	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)		
Byron James Crouse MD		Date of Receipt
Mailing Address 5825 Osmundsen Ct		04 26 2012
City	State Zip Code	Transaction ID : C1645994
Fitchburg	WI 53711-5146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
University of Wisconsin	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option	al)	1063.34
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TOTAL This Period (last page this line nur	nher only)	

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, Altionoan Addonly of Failing	Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Dewayne P Darby MD		Date of Receipt
Mailing Address 1810 Bishop Ave Ste A		04 26 2012
City	State Zip Code	Transaction ID : C1645990
Jefferson City	TN 37760-1997	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) . Wanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct		04 30 2012
City	State Zip Code	Transaction ID : C1648188
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	_
Strategic Health Institute	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1400.00	
Full Name (Last, First, Middle Initial) Michael O Fleming MD		Date of Receipt
Mailing Address 556 Dunmoreland Dr		04 15 2012
City	State Zip Code	Transaction ID : C1648176
Shreveport	LA 71106-6125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Amedisys, Inc	Chief Medical Officer	
	Aggregate Year-to-Date ▼	
Receipt For:		
Primary General	1000.00	
	1000.00	
Primary General		850.00

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee / Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Armand V Gallanosa MD Mailing Address 3113 Broadway St City Anderson FEC ID number of contributing federal political committee. Name of Employer Preferred Medical Management Receipt For: Primary General Other (specify)	State Zip Code IN 46012-1261 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 04 18 2012 Transaction ID : C1642371 Amount of Each Receipt this Period 730.00
Full Name (Last, First, Middle Initial) Roland Adolph Goertz MD Mailing Address 1600 Providence Dr City Waco FEC ID number of contributing federal political committee. Name of Employer Family Practice Center Receipt For: Primary General Other (specify)	State Zip Code TX 76707-2261 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mary Nolan Hall MD Mailing Address PO BOX 32861 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolina Healthcare System Receipt For: Primary General Other (specify)	State Zip Code NC 28232-2861 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M A 26 2012 Transaction ID: C1645986 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	1595.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Lori J Heim MD Date of Receipt Mailing Address 250 Hollybrook Farm Ln 04 2012 15 City Zip Code State Transaction ID: C1637909 NC Vass 28394-8952 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Scotland Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 112.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lori J Heim MD Date of Receipt Mailing Address 250 Hollybrook Farm Ln 30 2012 04 City State Zip Code Transaction ID: C1648201 NC Vass 28394-8952 Amount of Each Receipt this Period FEC ID number of contributing 112.00 federal political committee. Name of Employer Occupation Scotland Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 112.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel J Heinemann MD Date of Receipt Mailing Address PO BOX 5039 2012 04 18 City Zip Code State Transaction ID: C1648184 SD Sioux Falls 57117-5039 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Sioux Valley Health Systems Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) 1412.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR	PAGE	_ 1	14	OF		42				
(check only one)										
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	13		14		15		16			17

	Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks MD		Date of Receipt
Mailing Address 3258 N Monroe St		04 25 2012
City	State Zip Code	Transaction ID : C1644838
Tallahassee	FL 32303-2822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Patients First	Medical Doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) David J Hoelting MD		Date of Receipt
Mailing Address PO Box 609		M = M / D = D / Y = Y = Y
813 Lloyd Street City	State Zip Code	04 18 2012
Pender	NE 68047-0609	Amount of Each Receipt this Period
	555 5555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Trinity Health Care	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO		Date of Receipt
Mailing Address PO BOX 370		04 13 2012
City	State Zip Code	Transaction ID : C1635823
Guttenberg	IA 52052-0370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Family Medicine Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		6000.00

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15 OF 42 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Mikel D Holland MD Date of Receipt Mailing Address 100 Mac Ln 04 2012 City Zip Code State Transaction ID: C1642376 SD Pierre 57501-3391 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amr Sabry Kamhawy MD Date of Receipt Mailing Address 33358 Waterberry Cir 2012 04 26 City State Zip Code Transaction ID: C1646031 IΑ Waukee 50263-7011 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation I.H.S. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) James Darrel King MD Date of Receipt Mailing Address 270 E Court Ave 2012 04 18 Ste B City Zip Code State Transaction ID: C1642370 TN Selmer 38375-2304 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Primecare Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR	PAGE	_ 1	16	OF		42				
(check only one)										
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	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Laura C Knobel MD		Date of Receipt
Mailing Address 3 Freedom Way		04 17 2012
City	State Zip Code	Transaction ID : C1638965
Walpole	MA 02081-2290	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) William Eric Kobler MD		Date of Receipt
Mailing Address 6729 Millbrook Dr		04 26 2012
City	State Zip Code	Transaction ID : C1646030
Rockford	IL 61108-4310	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	370.00
Name of Employer	Occupation	-
OSF Healthcare Systems	Physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) Robert M Kuhnhenn DO		Date of Receipt
Mailing Address 4366 Bradley Rd		04 17 2012
City	State Zip Code	Transaction ID : C1639008
Westlake	OH 44145-5016	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	365.00
	Occupation	
Name of Employer		The state of the s
Self Employed	Physician	
Self Employed Receipt For:	Physician Aggregate Year-to-Date ▼	
Self Employed Receipt For: Primary General	Aggregate Year-to-Date ▼	
Self Employed Receipt For:		
Self Employed Receipt For: Primary General	Aggregate Year-to-Date ▼ 365.00	885.00

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Robert B Laibstain MD Date of Receipt Mailing Address 6072 River Cres 04 2012 City Zip Code State Transaction ID: C1625884 VA Norfolk 23505-4707 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation TPMG - Newport News Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Keith Jay Lehman MD Date of Receipt Mailing Address 16 Monterey Ct 04 06 2012 City State Zip Code Transaction ID: C1625940 OH Archbold 43502-1029 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Midwest Community Health Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Ashley Lynch MD Date of Receipt Mailing Address 120 N Shore Dr 2012 04 10 City Zip Code State Transaction ID: C1630675 WA Bellingham 98226-4425 Amount of Each Receipt this Period FEC ID number of contributing 370.00 С federal political committee. Name of Employer Occupation Family Care Network Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 870.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR	LINE	PAGE	. 1	18	OF		42			
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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Ernest E Martin MD Mailing Address 114 North Dr City Covington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 70433-4809 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M A 26 2012 Transaction ID: C1646025 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Timothy R McCurry MD Mailing Address 1420 Garden St City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Rainbow Hospice Receipt For: Primary General Other (specify)	State Zip Code IL 60068-3802 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 04 17 2012 Transaction ID : C1639024 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Brian Walter Meeker DO Mailing Address 214 W 10th St City Vinton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IA 52349-2254 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 04 26 2012 Transaction ID : C1645995 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	>	980.00

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 04 03 2012 City Zip Code State Transaction ID: C1624475 **Brent** AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 2012 04 10 City State Zip Code Transaction ID: C1630671 ΑL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. John S Meigs MD Date of Receipt Mailing Address PO Box 289 2012 04 18 100 Serendipity Dr City State Zip Code Transaction ID: C1642373 ΑL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 04 2012 26 City Zip Code State Transaction ID: C1645961 **Brent** AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Johanna Meyer-Mitchell MD Date of Receipt Mailing Address 2700 Grant St Ste 200 2012 04 26 City State Zip Code Transaction ID: C1646018 CA Concord 94520-2270 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Muir/Diablo Primary Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anne M Montgomery MD Date of Receipt Mailing Address 1708 S Martin St 20 2012 04 City Zip Code State Transaction ID: C1643813 WA Spokane 99203-3751 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Timothy Allyn Munzing MD Mailing Address 10948 Dishman Place		Date of Receipt
City	State Zip Code	04 17 2012 Transaction ID : C1639034
Tustin	CA 92705-3962	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
So Cal Permanente Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Varsha B Nagarsenker MD	•	Date of Receipt
Mailing Address 5841 N Rockingham Ln		M = M / D = D / Y = Y = Y
Apt C City	State Zip Code	04 26 2012 Transaction ID : C1646028
Mc Cordsville	IN 46055-6021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	1
Community Physicians of Indiana	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Mary S Nguyen Poole MD		Date of Receipt
Mailing Address 5727 Welsch Vw		04 06 2012
City	State Zip Code	Transaction ID : C1625935
San Antonio	TX 78249-3149	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Medina Valley Family Practice	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).		880.00
TOTAL This Pariod (last page this line numb	er only)	
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Michael Lynn O'Dell MD Date of Receipt Mailing Address 4704 Rockhill Rd 04 2012 City Zip Code State Transaction ID: C1639058 MO Kansas City 64110-2029 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **UPA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Javette C Orgain MD Date of Receipt Mailing Address PO Box 806527 2012 04 28 City State Zip Code Transaction ID: C1648126 IL Chicago 60680-4126 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation UNIVERSITY OF ILLINOIS COLLEGE OF **PHYSICIAN** MEDI Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tomas P Owens MD Date of Receipt Mailing Address 912 Fox Lake Ln 2012 04 18 City Zip Code State Transaction ID: C1642299 OK Edmond 73034-7341 Amount of Each Receipt this Period FEC ID number of contributing 370.00 С federal political committee. Name of Employer Occupation Integris Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 995.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 42 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) David E Page MD Date of Receipt Mailing Address 6204 Vengo Ct 04 2012 City Zip Code State Transaction ID: C1642385 VA Alexandria 22312-1242 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Permanente Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Keith Perkins MD Date of Receipt Mailing Address Po Box 126 2012 04 26 City State Zip Code Transaction ID: C1646029 IΑ Waukon 52172-0126 Amount of Each Receipt this Period FEC ID number of contributing 465.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 465.00 Other (specify) Full Name (Last, First, Middle Initial) c. Francis L Pisney MD Date of Receipt Mailing Address 322 1/2 College Ave 2012 04 17 City State Zip Code Transaction ID: C1639037 IA Iowa Falls 50126-2106 Amount of Each Receipt this Period FEC ID number of contributing

1330.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

500.00

С

Occupation Family Physician

Aggregate Year-to-Date ▼

500.00

federal political committee.

Other (specify)

General

Name of Employer

Ellsworth Hospital Receipt For:

Primary

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family I	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. William E Raduege MD		Date of Receipt
Mailing Address PO Box 553		04 102012
City	State Zip Code	Transaction ID : C1630665
Woodruff	WI 54568-0553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
William E Raduege, MD, SC (Corporation	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. David C Rau MD		Date of Receipt
Mailing Address 4232 N Riverside Dr		M M / D D / Y B Y B Y
City	State Zip Code	04 26 2012
City Columbus	State Zip Code IN 47203-1121	Transaction ID : C1646026
	*** 4/203-1121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.00
Name of Employer	Occupation	
Rau Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) C. Kristin M Reischer MD		Date of Receipt
Mailing Address 820 N Perley Brook Rd		04 26 2012
City	State Zip Code	Transaction ID : C1646055
Fort Kent	ME 04743-1825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
NMMC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		980.00
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Renee Roy Md Roy MD Mailing Address 1812 Whispering Trl		Date of Receipt
		04 17 2012
City	State Zip Code	Transaction ID : C1639710
Midwest City	OK 73130-7048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		04 19 / 2012
City	State Zip Code	Transaction ID : C1642743
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Gardner Family Medicine	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial) C. Sarah L Sams MD	'	Date of Receipt
Mailing Address 2994 Frazell Rd		04 20 2012
City	State Zip Code	Transaction ID : C1648185
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Grant Medical Center	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	515.00
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	and Statements may not be sold or used by any pering the name and address of any political committee					
NAME OF COMMITTEE (In Full)						
American Academy of Fami	ily Physicians Political Action Commi	ttee				
Full Name (Last, First, Middle Initial) A. Kathleen M Santi MD		Date of Receipt				
Mailing Address 942 Tall Pine Dr		04 03 2012				
City	State Zip Code	Transaction ID : C1624469				
Port Orange	FL 32127-7702	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
Name of Employer	Occupation	1				
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	ggiogato tout to Dato ¥					
Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Gregory Larson Sawin MD		Date of Receipt				
Mailing Address 636 Fulton St		04 06 2012				
City	State Zip Code	Transaction ID : C1625906				
Medford	MA 02155-1033	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	500.00				
Name of Employer	Occupation					
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	500.00					
Other (specify)	500.00					
Full Name (Last, First, Middle Initial) C. Edward Jay Schwager MD		Date of Receipt				
	Mailing Address 6567 E Carondelet Dr Ste 555					
City	State Zip Code	04 03 2012 Transaction ID : C1624466				
Tucson	AZ 85710-6152	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	+				
Self Employed	1 7					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Ottlet (Specify)	300.00					
SUBTOTAL of Receipts This Page (option	al)	1300.00				
TOTAL This Period (last page this line num	mber only)					

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	nittee
Full Name (Last, First, Middle Initial) Alan I Schwartzstein MD Mailing Address 753 N Main St Dean Oregon Clinic City Oregon FEC ID number of contributing federal political committee. Name of Employer Dean Clinic Receipt For: Primary General Other (specify)	State Zip Code WI 53575-1003 C Occupation Family Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 26 2012 Transaction ID : C1645975 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Terry Ann Ann Scriven MD Mailing Address 18 Old Ocean House Rd City Cape Elizabeth FEC ID number of contributing federal political committee. Name of Employer Max Health Maine LLC Receipt For: Primary General Other (specify)	State Zip Code ME 04107-2635 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt O4 26 2012 Transaction ID: C1646063 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Patricia Ann Sereno MD Mailing Address 10 Morgan Ave City Stoneham FEC ID number of contributing federal political committee. Name of Employer Hallmark Health Receipt For: Primary General Other (specify)	State Zip Code MA 02180-3417 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 04 19 2012 Transaction ID : C1643218 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional))	1230.00
TOTAL This Period (last page this line numb	per only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) George Wm Shannon MD Date of Receipt Mailing Address 2301 Slate Dr 04 2012 City Zip Code State Transaction ID: C1642744 GA Columbus 31906-1443 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Horizons Diagnostics Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Douglas Smith MD Date of Receipt Mailing Address 5722 Gardner Ln 2012 04 26 City State Zip Code Transaction ID: C1646017 VA Bridgewater 22812-3614 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Brent Smith MD Date of Receipt Mailing Address 404 Bedford Pl 02 2012 04 City Zip Code State Transaction ID: C1623323 MS Brandon 39047-4532 Amount of Each Receipt this Period FEC ID number of contributing 88.89 С federal political committee. Name of Employer Occupation University of Mississippi School of Me Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 288.89 Other (specify) 558.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial) Maureen P Strohm MD Mailing Address 3835 Fairmeade Rd		Date of Receipt
		04 06 2012
City	State Zip Code	Transaction ID : C1625886
Pasadena	CA 91107-2229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Eisenhower Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Kimberly Sue Stuckey-Schrock	MD	Date of Receipt
Mailing Address 2442 Regents Walk		M = M / D = D / Y = Y = Y
# 2 City	State Zip Code	04 18 2012
Germantown	TN 38138-5807	Transaction ID : C1642191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
U of TN	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Nicholee Ruth Theiss Kent MI)	Date of Receipt
Mailing Address 1396 Graham Cir		04 17 2012
City Erie	State Zip Code CO 80516-3617	Transaction ID : C1639022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Carbon Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Deborah Ann Travis Honeycutt MD Date of Receipt Mailing Address 160 Deer Forest Trl Ste D 04 2012 10 City Zip Code State Transaction ID: C1630669 GA Fayetteville 30214-4006 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce Van Vranken Md Van Vranken MD Date of Receipt Mailing Address 519 Avenida Buenos Aires 17 2012 04 City State Zip Code Transaction ID: C1639009 San Clemente CA 92672-2464 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenton I Voorhees MD Date of Receipt Mailing Address 7953 S Franklin Ct 2012 04 14 City Zip Code State Transaction ID: C1637865 CO Centennial 80122-3255 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation University of Colorado School of Medic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 980.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

42

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Duane W Wages MD Date of Receipt Mailing Address 1194 Maxfli Dr 04 2012 City Zip Code State Transaction ID: C1638986 OH Akron 44312-5928 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond R Walker MD Date of Receipt Mailing Address 4130 Persimmon Hill Cv 17 2012 04 City State Zip Code Transaction ID: C1639038 TN **Bartlett** 38135-5175 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Tenet Healthcare Physician/Hospitalist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Andre Wherry MD Date of Receipt Mailing Address 59 Tipton Dr 2012 04 17 City Zip Code State Transaction ID: C1638967 GA Dahlonega 30533-1603 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Chestatee Regional Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3115.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ı	FOR LINE	NUMBER	: PAGE	32 OF	42					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purpo	oses, other than using the	name and address of an	y political committee to	solicit contributions from such committee.
/	demy of Family P	hysicians Political	Action Committe	ee
Full Name (Last, Fire David A Willey Name) Mailing Address 863	/ID			Date of Receipt
City Chaska		State Zip Cod MN 55318-2	<u> </u>	04 26 2012 Transaction ID : C1646010 Amount of Each Receipt this Period
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Name of Employer Self Employed		Occupation Physician		
Receipt For: Primary Other (specify)	General ▼	Aggregate Year-to-Date	▼ 365.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 OF 42
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				person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
	American Academy of Family	Physicians	s Political Action Comr	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physic	cians		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pk	wy		04 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : C1624503
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
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	City	State	Zip Code	04 18 2012 Transaction ID : C1642375
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
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	Name of Employer	Occupation	n	
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	Primary General			1
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S	CHEDULE B (FEC Form 3X)	FOR LINE			LINE	NE NUMBER: PAGE 34 OF 42								
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	,	State	Zip Code				Tran	sact	ion ID	: D1	127553			
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SC	SCHEDULE B (FEC Form 3X)		FOR LIN			LINE	NE NUMBER: PAGE 35 OF 42								
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\ \ \ '	American Academy of Family Phys	icians F	Political Acti	on (Com	mitt	ee								
	full Name (Last, First, Middle Initial)														
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ç	President State: District:	Other (spec	cify) 🔻												
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1	OTAL This Period (last page this line number only)					•			7		- 1			

SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 37 OF 42					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)					
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NAME OF COMMITTEE (In Full)								
American Academy of Family F	Physicians Political Act	ion Commit	tee					
Full Name (Last, First, Middle Initial)								
A. American Express			Date of Disbursem					
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City	State Zip Code		Transaction ID :	D127880				
Phoenix Purpose of Disbursement	AZ 85072-3852	1						
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B. American Express			Date of Disbursem					
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City Phoenix	State Zip Code AZ 85072-3852		Transaction ID :	D127881				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 38 OI						
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NAME OF COMMITTEE (In Full)								
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A. American Express			Date of Disburse	ement				
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Phoenix	AZ 85072-3852		·					
Purpose of Disbursement Bank card processing fee			Amount of Each	Disbursement this Period				
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SCHEDULE B (FEC Form 3X)	11.	-11 2 1 1 1	FOR LINE I	NUMBER:		PAGE	39 O	F 42
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NAME OF COMMITTEE (In Full)								
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A. Trivedi for Congress				Date of	f Disbursem	nent		
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City	State	Zip Code						
Birdsboro	PA	19520-0066		Trans	action ID :	D127118		
Purpose of Disbursement								
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Candidate Name Dr. Manan Trivedi]	Category/				2500.	00
Dr. Manan Trivedi Office Sought:	nent For: 20	<u> </u> 112	Туре					
	Primary	012 General						
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B. MAJORITY COMMITTEE PACMO	C PAC			Date of	f Disbursem	nent		
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			Category/ Type	L.			2500.	.00
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Mailing Address 6 E Street, SE				04	25		2012	
	State	Zip Code		Trans	action ID :	D127781		
Washington Purpose of Disbursement	DC	20003						
Campaign contribution				Amount	t of Each D	lisburseme	nt this P	eriod
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S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER	:	PAGE 40 OF 42	
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or	for commercial purposes, other than using the name	e and addre	ess of any politica	I committee	to solicit co	ntributions f	rom such committee.	
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	Full Name (Last, First, Middle Initial)				D.t.	(D'alama		
Η.	TIBERI FOR CONGRESS				Date	f Disbursem		
	Mailing Address 2931 E Dublin Granville Road				04	23	2012	
	Ste 2000				04	23	2012	
		State	Zip Code					_
	Columbus	ОН	43231		Trans	saction ID:	D127662	
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	Campaign contribution				Amour	t of Each D	isbursement this Period	
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	Mailing Address 310 1st St SE				04	25	2012	
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	Washington Purpose of Disbursement Campaign contribution		20003-1885				isbursement this Period	
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	Washington Purpose of Disbursement Campaign contribution Candidate Name	DC	20003-1885	Category/ Type				
	Washington Purpose of Disbursement Campaign contribution Candidate Name Office Sought: House Disbursement	nent For:					isbursement this Period	
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	Washington Purpose of Disbursement Campaign contribution Candidate Name Office Sought: House Senate President State: District:	nent For:	General				isbursement this Period	
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<u> </u>	Washington Purpose of Disbursement Campaign contribution Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE I Mailing Address 175 SOUTH WEST TEMPLE SUITE City	nent For: Primary Other (speci	General fy) ▼		Date o	of Disbursem	isbursement this Period 15000.00 15000.10 15000.20	
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SCHEDULE B (FEC Form 3X)		EOD LINE	E NUMBER: PAGE 41 OF 42					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	L NOMBER.					
II LIMILLO DIODONOLIVILIANO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26					
		27	28a 28b 28c 29 30b					
Any information copied from such Reports and Statem								
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \; angle$ American Academy of Family Phys	icians Political Action	on Committ	ee					
Full Name (Last, First, Middle Initial)		İ						
A. WHITEHOUSE FOR SENATE			Date of Disbursement					
WITH ETIOGOET OIL GENVITE			M M / D D / Y Y Y					
Mailing Address P.O. BOX 40280			04 23 2012					
011								
City S PROVIDENCE	State Zip Code RI 02940		Transaction ID : D127660					
Purpose of Disbursement	02940							
Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/						
Sen. Sheldon Whitehouse		Type	2500.00					
	nent For: 2012							
	Primary General							
State: RI District: 00	Other (specify) ▼							
Full Name (Last, First, Middle Initial) B.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement								
. a.peco o. 2.024100e.n			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type						
Office Sought: House Disbursen								
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
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Mailing Address								
City	State Zip Code							
Purpose of Disbursement								
•			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type						
Office Sought: House Disbursen								
	Primary General							
State: District:	Other (specify) ▼							
State. District.								
SUBTOTAL of Disbursements This Page (optional)			2500.00					
22233112 3. 2.332.333								
TOTAL This Period (last page this line number only)			27000.00					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 42 OF 42						
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b	22 23	24 25 26				
Annutation and It is a second of the second		27	× 28a 28b	28c 29 30				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
angle American Academy of Family Phys	icians Political Action	on Committ	ee					
Full Name (Last, First, Middle Initial)								
A. Dr. Lori J Heim MD			Date of Disburser	ment				
Mailing Address 250 Hollybrook Farm Ln			04 / 30					
City	State Zip Code		Transaction ID	D407022				
Vass	NC 28394-8952		Transaction ID	D127932				
Purpose of Disbursement Refund of PAC donation			Amount of Each I	Disbursement this Period				
Candidate Name		Category/		1000.00				
Office Sought: House Disbursen	nent For:	Туре						
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
3.			Date of Disburser	ment				
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Purpose of Disbursement								
Candidate Name			Amount of Each I	Disbursement this Period				
Candidate Name		Category/ Type						
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	Primary General Other (specify)							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
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Purpose of Disbursement								
r dipose of Disbursement			Amount of Each I	Disbursement this Period				
Candidate Name		Category/ Type	7 thount of East 1	Sieder Germanik und 1 Gried				
Office Sought: House Disbursen	nent For:	туре	7	7				
Senate	Primary General							
	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)				1000.00				
age (optional)								
TOTAL This Period (last page this line number only)				1000.00				